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Abuse and neglect of older
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Abuse and Neglect of Older Adults

Information from...

The National Clearinghouse on Family Violence

Is This Fact Sheet for You?

This fact sheet provides information on abuse and neglect of older adults living in the community. It updates the 1990 fact sheet, *Elder Abuse*. The information will be of greatest interest to professionals and community service providers who want to learn more about abuse and neglect of older adults. Materials written for seniors and their families may be obtained from seniors' centres and other community resource centres. Information on abuse in institutions is the subject of *Abuse of Older Adults in Institutions*, another fact sheet available from the Clearinghouse.

What Is Abuse of Older Adults?

Abuse of older adults is also called elder abuse or abuse of seniors. One of the simplest definitions is "mistreatment of older people by those in a position of trust, power or responsibility for their care."¹ Neglect is commonly associated with abuse.

Different forms of abuse are most commonly grouped into four categories:

Physical abuse involves inflicting physical discomfort, pain or injury. It includes behaviours such as slapping, hitting, punching, beating, burning, sexual assault and rough handling.

Psychological abuse diminishes the identity, dignity and self-worth of the older person. Examples are name calling, yelling, insulting, threatening, imitating, swearing, ignoring, isolating, excluding from meaningful events and deprivation of rights.

Financial abuse, also known as material or property abuse, involves the misuse of money or property. Examples include stealing money or possessions, forging a signature on pension cheques or legal documents, misusing a power of attorney, and forcing or tricking an older adult into selling or giving away his or her property.

Neglect is the failure of a caregiver to meet the needs of an older adult who is unable to meet those needs alone. It includes behaviours such as denial of food, water, medication, medical treatment, therapy, nursing services, health aids, clothing and visitors.

Specialists in the field of abuse of older adults also recognize other forms of abuse, including medical, systemic, sexual, civic and human rights abuse. An abused older adult may experience more than one type of abuse at any given time.

How Widespread Is the Problem?

Findings differ regarding the number of abused older adults, and regarding who is abused and who abuses. Studies vary

in the definitions of the age group and the behaviours labelled as abuse. These inconsistencies make it impossible to compare findings across provinces or among social agencies in any one region.

Available information on prevalence is likely understated because abused older adults are reluctant to identify themselves. They often take no action against their abusers. They may be embarrassed, unsure that any good will result, unwilling to risk rejection by loved ones, or afraid of having to leave their home.

The Canadian study most often quoted on prevalence of abuse of older adults is the 1990 national telephone survey of 2,000 older adults in private dwellings.² The findings are comparable to those found in other countries:

- Approximately 4 percent of older adults living in private homes reported experiencing abuse or neglect.
- The most prevalent mistreatment reported was material abuse, most often involving widowed older adults living alone and perpetrated by a distant relative or a non-relative rather than by a close family member.
- Chronic verbal aggression, a component of psychological abuse, ranked as the second most prevalent form of abuse. Victims were usually abused by their spouse.

- Physical abuse ranked third. Again, in the majority of cases the abusers were spouses of the victims.

Explaining Abuse of Older Adults

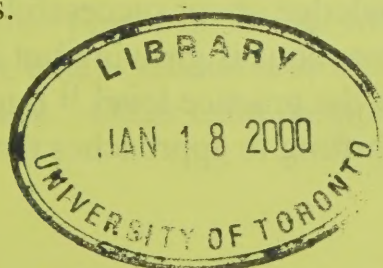
In the past, the most popular explanation for abuse of older adults was that it was provoked by stress on the person providing long-term care for the older adult. Recent research shows that the dynamics between dependent individuals and their caregivers are much more complex.

The most common explanations of abuse of older adults focus on the following:³

- **A web of dependent relationships** - physical, emotional and financial, between the victim and abuser. Research findings are inconsistent. Not all dependent seniors are abused. Some studies even suggest that abusers are more likely than non-abusers to be dependent on their victims.
- **Traits of the abusive caregiver.** An impressive amount of research has linked mental health problems and social characteristics of caregivers to abuse. One example is that abusers are more likely than non-abusers to have alcohol or other substance abuse problems.

- **Situational stress.** Caregiver stress related to long-term care of an older adult sometimes leads to abuse. The failure of stress-reducing interventions (e.g., home care assistance, respite care) to reduce abuse has led to less emphasis on the singular importance of caregiver stress.
- **Transgenerational family violence** - children from a long history of family violence “getting back at” a parent. The limited research on this theory suggests that it explains child abuse much more than senior abuse.
- **Social isolation.** Isolation has not been established as a cause of abuse, but abused older adults are more likely to have fewer contacts with friends and family members than are non-abused older adults.
- **Pervasive societal power imbalances.** Individual experience is inseparably linked to social forces and institutional practices that may support power imbalances in families (e.g., ageism or sexism).⁴

Several of these models may be required to explain abuse of older adults. Service providers and professionals need to explore all of these possible explanations to determine what intervention is most likely to succeed.



Who Are the Abused and the Abusers?

The persons at greatest risk for being abused or for abusing, and the conditions which put them at risk, vary with the types of abuse.⁵

The Abused Older Adult

Few consistent differences have been found between abused and non-abused older adults. The age, gender, marital status, ethnicity and income level of older adults who are abused do not differ significantly from those who are not abused. Consistent differences that do exist include the following:

- Older adults who live with someone are more likely to be abused than those who live alone.
- Older adults who live with grown offspring or other caregivers are more likely to be abused than those who live with a spouse.

The Abuser

- Males are more likely to be perpetrators of physical abuse. Women are more likely to be perpetrators of neglect and financial abuse.
- A large-scale study in the United States⁶ found that family members were suspected in two thirds of reported abuse cases, most often adult

children and then spouses. Except for the financial category, abuse by non-family members is rare in private dwellings.

- Abusers have been characterized in various studies as having other problems, including financial difficulties, recurring mental health problems, limited social supports, substance (alcohol) abuse, police arrests and poor employment records.
- To prevent repeat offences in cases of serious abuse, changing the living arrangements is usually more effective than giving caregiving assistance to the abuser.⁷

Detection and Management

Potential indicators of abuse have been documented on the basis of the behaviours and appearance of both victims and perpetrators in known abuse cases.⁸ Recently, more attention is being paid to characteristics of caregivers. New, simple screens of caregivers are now available for identifying situations of high risk for abuse of older adults.⁹

However, decisions about how and when to intervene are still among the most difficult that service providers face. Ethical dilemmas are common.¹⁰ Knowledge about successful interventions is growing but is slow to reach the practice level.¹¹ Interventions are shifting to approaches that are more

respectful of the rights of older persons to make their own choices.¹² These approaches are based on increased understanding of help-seeking behaviours and the power of social support. Each intervention must be unique to the situation and to the mental competency of both the abused and abuser.

Existing domestic violence programs need to consider special approaches for older adults because:

- older adults tend to be more isolated than women or children,
- neglect is generally not part of domestic violence programs, and
- unlike the situation for children, societal norms do not give responsibility for the care of older adults to any particular individual or agency.

A Team Approach

Awareness is growing among various disciplines about the critical role each can play, as well as the importance of a team approach, in the detection, assessment and treatment of abuse of older adults.

Treatment teams often include the client, a nurse, physician, social worker, geriatrician, and psychiatrist or mental health worker.¹³ Other team members

may include the client's dentist, lawyer and bank manager, a representative from a housing placement service and a human rights advocate. Older professionals are valuable members on the treatment team.

Community committees¹⁴ focus on activities such as:

- an assessment of the need for professional education, protocols, policies and procedures,
- education and awareness programs for professionals and the public,¹⁵
- consistent tools for detection and protocols for what to do and who to contact if abuse is suspected,
- standard record-keeping and tracking of referrals,
- additional opportunities to enhance social support networks for *all* seniors, and
- processes for reviewing and changing programs.

Involving seniors and seniors' organizations in local initiatives is critical for success.¹⁶ A Canadian network of seniors' organizations has identified 10 broad areas requiring action: justice, isolation, attitudes, empowerment, education and training, support services, housing, cultural sensitivity, research and responsibilities of governments.¹⁷

Professionals and service providers need more training about abuse of seniors and increased awareness of available local community supports.^{18,19,20}

Legislation

Mandatory reporting of abuse of older adults in the United States has not proved successful in reducing abuse because the resources to act on reports have not been provided.

In Canada, many believe that laws intended for the general public are adequate for cases of abuse of older adults (i.e., family law and laws dealing with physical assault, financial abuse, neglect, mental cruelty, consumer protection and housing).

New Canadian laws for adult guardianship and adult protection support models in which consumer and service providers make treatment decisions together.

As legislation changes, continuous monitoring is needed to guarantee that decisions do not rely on the same solution for all cases. Also, the approaches supported by the law must not be so expensive that they disappear in times of funding cuts (e.g., specific advocacy services).²¹

Research

Research provides information that guides decisions about interventions, staffing needs and legislation. Multidisciplinary research is needed to advance knowledge in the following key areas:²²

- standardization of definitions and measures
- trends in prevalence and incidence of abuse
- prevalence and incidence studies in institutions and home care services
- the nature of financial abuse and neglect
- other research methodologies (e.g., first person accounts to develop knowledge about how abuse happens, continues and ends)
- the staffing and training implications of prevalence trends
- refinement of available screening and assessment instruments
- evaluation of existing intervention programs (e.g. practices, costs, outcomes of treatment programs)
- the effects of recent changes in community support systems
- evaluation of education of primary health care providers and other service providers and professionals

- monitoring and evaluation of legislative changes.

Support Services

If you or someone you know has been abused or is experiencing abuse, **you are not alone; help is available.** Emergency telephone numbers can be found at the front of your phone book. You can also contact your local:

Social service agency
Seniors' centre
Distress centre
Doctor or health care practitioner
Hospital or health agency
Independent living centre
Transition house or shelter
Legal agency
Bank or financial institution
Senior citizen home or daycare centre
Spiritual advisor or organization
Immigrant service centre
Ethnocultural community or organization, or
Community resource centre.

Suggested Resource Materials

Abuse and Neglect of Older Adults: Awareness Information for People in the Workplace. (1994). National Clearinghouse on Family Violence and Mental Health Division, Health Canada, Ottawa. A guide for people interested in meeting to discuss family violence issues.

Elder Abuse Protocol. (1997). CLSC René-Cassin, University Institute of Social Gerontology of Quebec, Montreal.

Intergenerational Conflict and the Prevention of Abuse Against Older Persons. (1994). Ottawa: National Clearinghouse on Family Violence, Health Canada.

“Not in Our Community” – Preventing Mistreatment of Seniors: A Guide for Ethnocultural Communities. (1997). CLSC René-Cassin, University Institute of Social Gerontology of Quebec, Montreal.

Preventing Family Violence, 7th Edition. (1998). National Film Board of Canada, Ottawa. A catalogue of Canadian videos on family violence for the general public, professionals and service providers. Includes 10 videos on abuse of older adults.

MacLean, M.J. (ed.) (1995). *Abuse and Neglect of Older Canadians: Strategies for Change.* Ottawa: Canadian Association on Gerontology.

Pittaway, E. et al. (1995). *A Guide to Enhancing Services for Abused Older Canadians.* British Columbia Interministry Committee on Elder Abuse.

Working with Mistreated Seniors from Ethnocultural Communities and Their Families: A Guide for Service Providers. (1977). CLSC René-Cassin, University Institute for Social Gerontology of Quebec, Montreal.

Quinn, M.J. & Tomita, S.K. (1997). *Elder Abuse and Neglect: Causes, Diagnosis, and Intervention Strategies.* 2nd ed. New York: Springer Publishing Company.

Spencer, C. (1996). *Diminishing Returns.* Vancouver, British Columbia: Gerontology Research Centre, Simon Fraser University. An examination of financial responsibility, decision making and financial abuse among older adults.

Agencies in many communities have materials on abuse of older adults for seniors and their families. Contact your local seniors' centre, Council on Aging, public health or social services department.

Related Fact Sheets in This Series

The following fact sheets are available in English and French from the National Clearinghouse on Family Violence.

Emotional Abuse. 1996.

Family Violence and People with a Mental Handicap. 1993.

Family Violence and Substance Abuse. 1994.

Financial Abuse of Older Adults. 1999.

Abuse of Older Adults in Institutions. 1999.

References

1. Toronto Mayor's Committee on Aging. (1984). *Elder Abuse: Report by the Crimes and Abuse Subcommittee to Toronto City Council.* Toronto: City of Toronto.
2. Podnieks, E., Pillemer, K., Nicholson, J.P., Shillington, T. & Frizzel, A. (1990). *National Survey on Abuse of the Elderly in Canada.* Toronto: Ryerson Polytechnical Institute.
3. McDonald, P.L., Hornick, J.P., Robertson, G.B. & Wallace, J.E. (1991). *Elder Abuse and Neglect in Canada.* Toronto: Butterworths, p. 27-33.
4. Aronson, J., Thornewell, C. & Williams, K. (1995). Wife Assault in Old Age: Coming Out of Obscurity. *Canadian Journal on Aging*, 14: suppl. 2, 73-88.
5. Vida, S. (1994). An Update on Elder Abuse and Neglect. *Canadian Journal of Psychiatry*, 39, S34-S40.

6. Barnett, O.W., Miller-Perrin, C.L. & Perrin, R.D. (1997). *Family Violence Across the Lifespan: An Introduction*. California: Sage Publications.
7. Barnett, O.W. et al. (1997).
8. Pittaway, E., Gallagher, E., Stones, M., Kosberg, J., Nahmiash, D., Podnieks, E., Strain, L., & Bond, J. (1995). *A Guide to Enhancing Services for Abused Older Canadians*. British Columbia: Interministry Committee on Elder Abuse.
9. Reis, M. & Nahmiash, D. (1995). Validation of the Caregiver Abuse Screen (CASE). *Canadian Journal on Aging*, 14: suppl. 2, 45-60.
10. Spencer, C. (1996). *Rights and Responsibilities: Ethical Dilemmas in Suspected Abuse and Neglect Cases*. Vancouver: Gerontology Research Centre, Simon Fraser University.
11. Canadian Task Force on the Periodic Health Examination (1994). Periodic Health Examination, 1994 Update: 4. Secondary Prevention of Elder Abuse and Mistreatment. *Canadian Medical Association Journal*, 151, 1413-1420.
12. Quinn, M.J. & Tomita, S.K. (1997). *Elder Abuse and Neglect: Causes, Diagnosis, and Intervention Strategies*. 2nd ed. New York: Springer Publishing Company.
13. Vida, S. (1994). An Update on Elder Abuse and Neglect. *Canadian Journal of Psychiatry*, 39, S34-S40.
14. Carson, M., Brammer, A., Kartes, L., Hall, B., Ashton, D., & Ross, M. (1996). Breaking the Silence on Elder Abuse. *The Canadian Nurse*, September, 1996, 31-35.
15. Kemsley, H. (1998). Elder Abuse Takes Centre Stage. *The Ottawa Citizen*, February 7, p. K3.
16. National Clearinghouse on Family Violence (1994). *Older Canadians and the Abuse of Seniors: A Continuum from Participation to Empowerment*. Health Canada.
17. One Voice. (1995). *National Action Plan to Reduce the Abuse of Older Adults in Canada*. Ottawa: One Voice, The Canadian Seniors Network.
18. Krueger, P. & Patterson, C. (1997). Detecting and Managing Elder Abuse: Challenges in Primary Care. *Canadian Medical Association Journal*, 157, 1095-1100.

19. Mayer, L. & Galan, D. (1993). Elder Abuse and the Dentists' Awareness and Knowledge of the Problem: A National Survey, *Journal of the American Medical Association*, 59: 11, 921-926.
20. Trevitt, C. & Gallagher, E. (1996). Elder Abuse in Canada and Australia: Implications for Nurses. *International Journal of Nursing Studies*, 33(6), 651-659.
21. Gordon, R.M. (1995). Adult Guardianship and Adult Protection Legislation in Canada: Recent Reforms and Future Problems. *Canadian Journal on Aging*, 14: suppl. 2, 89-102.
22. McDonald, L. & Wigdor, B. (1995). Editorial: Taking Stock: Elder Abuse Research in Canada. *Canadian Journal on Aging*, 14: suppl. 2, 1-6.

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Mauvais traitements et négligence à l'égard des aînés.

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the authors and do not necessarily reflect the views of Health Canada.

March 1999 (revised)

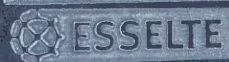
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